

Intermediate Care Facility for the Mentally Retarded

This information will assist with requests for initial program participation as an "Intermediate Care Facility for the Mentally Retarded (ICF/MR)".

Background

The Social Security Act mandates the establishment of minimum health and safety standards that must be met by providers and suppliers participating in the Medicare and Medicaid programs. The Intermediate Care Facilities for the Mentally Retarded (ICFs/MR) provider category is a Medicaid only program.

An ICF/MR is an institution, of no less than four (4) beds, that meets Federal Conditions of Participation and has as its primary purpose the provision of health or rehabilitation services to individuals with mental retardation or related conditions receiving care services under the Medicaid program. Neither the law nor Federal regulations define or require ICF/MR services in terms of distinct parts. However, as a State Medicaid program requirement, States may provide for distinct part ICF/MR approvals. Where the State Medicaid Agency (SMA) elects to define the ICF/MR program in distinct parts, these additional Federal provisions must be met:

- ◆ The distinct part must be a clearly identified unit, such as an entire ward, wing, floor, building, or a number of designated rooms,
- ◆ The distinct part consists of all beds and related facilities in the unit, and
- ◆ The institution may not require transfer of patients or individuals to or from the distinct part, where, in the opinion of the attending physician, transfer might be harmful to the physical or mental health of the patient or individual, but otherwise, the unit houses all ICF/MR residents in the institution,

The Virginia Department of Mental Health/Mental Retardation/Substance Abuse Services is the state agency responsible for operating or licensing Intermediate Care Facilities for the Mentally Retarded in Virginia. The Virginia Department of Health (VDH) through the Center for Quality Health Care Services and Consumer Protection (CQHCSCP) is the state agency (SA) responsible for assessing compliance with federal health participation requirements. The Virginia Department of Medical Assistance Services (DMAS) is the SMA responsible for enrolling a provider in the Medicaid program for financial reimbursement. VDH contracts with the State Fire Marshal's Office for surveying providers using the federal Life Safety Codes. Both the onsite health survey and the life safety code survey are required for the total certification survey package. Once CQHCSCP determines the provider is in compliance with federal regulations, a federal identification number, the facility's "provider number" is issued by CQHCSCP and the certification package is forwarded to DMAS with a recommendation for Medicaid participation. DMAS will enter into a Time Limited Agreement with the provider and issue a vendor number that is used by for billing purposes. After the initial certification review, the provider can expect an annual certification survey from CQHCSCP as well as a review from DMAS.

Initial Survey Preparation

If a facility has been fully operational as a licensed group home, or a distinct part that was never certified because of physical plant limitations yet it provided treatment comparable to that required by a certified ICF/MR, then it may request the SA to review relevant aspects of its existing immediate track record as part of the initial survey process. The following steps are necessary:

- Extent of program:
 - If the group home will have 13 or more beds, the group home needs to contact the VDH – CQHCSCP – Division of Certificate of Public Need (COPN) and follow their guidance to meet the applicable requirements. Once a COPN is approved and issued, the group home may forward the request for participation to the Division Director of Long Term Care within the Center.
 - If the group home will have less than 13 beds, the group home may forward the request for participation to the Division Director of Long Term Care within the Center.
- The Director will forward the group home a letter containing the necessary federal forms that must be completed and returned.
- The Division Director will contact the State Fire Marshal's Office to arrange for one final Life Safety Code Survey and assign a Division of LTC supervisor to work with the group home to complete the review process.
- The supervisor will make arrangements with the group home for the necessary administrative paperwork (policies and procedures, contracts, personnel, inservice training, etc) to be forwarded for a review in the office. The group home will make the necessary corrections and be prepared to demonstrate that those corrections have been made.
 - If the group home is operated by a multi-facility corporation, the corporate policies and procedures may be presented for review. However, any facility specific information must also be provided.
- The group home may contact the State Fire Marshal's Office to inquire if the local office will individually contract for a preliminary review to determine if the group home will pass the official Life Safety Code review requested by the Division Director.
- The group home should contact DMAS to inquire about any preliminary paperwork that needs to be completed and to find out when they can obtain a copy of the Medicaid Manual.

There is no specific number of days that an ICF/MR must be operational prior to its initial survey, but in most cases approximately 30-35 days (except for an existing group home) would be a general safety measure. Should the facility wish to have the initial certification program survey prior to being fully operational for 30-35 days, it should identify the date by which it will be able to demonstrate compliance with 42 CFR Part 483.440(a) for each of its clients.